

	For Office Use Only
Acct#	

City of Chicago

Tax Division
DePaul Center Room 300
333 S. State Street
Chicago, IL 60604

(Please Do Not Send Any Payments With This Form)

FOR TAX PURPOSES ONLY – DO NOT USE THIS FORM IF YOU ARE REQUIRED TO HOLD A CHICAGO BUSINESS LICENSE

New Accounts Information Sheet - Sole Proprietor

(This Form is not required if you currently or previously have held a City of Chicago Business license as a sole proprietor.)

(Bold Faced items are required to begin the processing of your application)

1. What is your legal name, home addi		o processing or jour uppin	······································		
FIRST	NAME	I	MIDDLE INIT		
LAST	NAME		JR./SR.		
STREET NUMBER DIR.	STREET NAME	RD	O, AVE etc. Suite/Floor		
CIT	\mathbf{Y}	ST	ZIP CODE		
		/			
BUSINESS START DATE					
			9 🗌		
		DATE OF BIR	RTH		
		Diffe of Dif			
Phone Number					

2. What is the Doing Business As (DBA) name (if not doing business under your own name)? *
*(If different you must apply for an Assumed Name at 118 N. Clark St. Lower Level Chicago, IL 60602 (312) 603-5652)
2. Illimais Dusimass Tou (IDT) Numbers*
3. Illinois Business Tax (IBT) Number**
(Needed if goods are sold or if you have employees other than yourself on your payroll) **If you do not have a current IBT# you may obtain one from the Ill. Dept. of Revenue at 100 W. Randolph St. (Lower Level) (217) 785-3707
4. Describe your business's activities? Please mention all products or services you offer.
5. Do you employ 50 or more individuals whose work is located in Chicago Yes / No (circle one)
6. Do you rent out or lese tangible items which are used in Chicago Yes / No (circle one)
(care of the control
7. Who is the primary contact person for the organization?
FIRST NAME MIDDLE INIT
LAST NAME JR./SR.
8. What is the business site address where business transactions or public way use occur?
STREET NUMBER DIR. STREET NAME RD, AVE etc. Suite/Floor
CITY ST ZIP CODE
Phone Number FAX Number
9. Do you own or rent the location where your business transactions or public way use occur?
own
rent

Note: If you rent your business location you may be required to supply a copy of your lease.

10. What is your spouse's legal name, home addr	ress etc (if applicable)?			
FIRST NAME			MIDDLE INIT	Γ
LAST NAME			JF	R./SR.
STREET NUMBER DIR.	STREET NAME		RD, AVE etc.	Suite/Floor
CITY		ST	ZIP CODE	
			/ 19	
PHONE NUMBER		DATE	OF BIRTH	

Note: If you are purchasing a business in the City of Chicago, you are required per section 3-4-140 of the Uniform Revenue Procedures Ordinance to file a Bulk Sales Notification.

If you have any questions regarding this form please call 312-747-4747 or for TTY dial 312-742-1974. Email this document when completed to RevenueDatabase@cityofchicago.org

Or you can fax your completed document to: 312-747-1890
Attn: Database Unit

Or you may mail your completed document to:

Chicago Department of Finance 333 S. State Street Room 300 DePaul Center Chicago, IL 60604 Attn: Database Unit